

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/523102

FILING DATE 3/10/00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	/					
8		/				
9		/				
10		/				
11		/				
12		/				
13	/					
14	/					
15	/					
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23	/					
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31	/					
32	/					
33	/					
34		/				
35		/				
36		/				
37		/				
38	/					
39		/				
40		/				
41		/				
42		/				
43	/					
44	/					
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	12					
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54	/					
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
62		/				
63		/				
64		/				
65	/					
66	/					
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.						
TOTAL CLAIMS						